


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90028 026 ****61.25

DOCUMENT # 753222 1. Entity Name THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO. 1, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US			Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2066770	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYMAN SPECTOR & MARS 150 W FLAGLER MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURGER, GAIL L.		NAME	Michel Gauvin	
STREET ADDRESS	9541 W DAFFODIL LN		STREET ADDRESS	4470 W Fern Lane	
CITY-ST-ZIP	MIRAMAR, FL		CITY-ST-ZIP	Miramar, FL 33025	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ELISON, YVONNE		NAME	Jennifer Landry-O'Brien	
STREET ADDRESS	9291 E DAFFODIL LN		STREET ADDRESS	9290 E. ELM LANE	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	Miramar, FL 33025	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, RUTH EVEN		NAME	Dino Grey	
STREET ADDRESS	3301 MEADOW CIR. W.		STREET ADDRESS	9291 East Fern Lane	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	Miramar, FL 33025	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDONO, EDWIN		NAME	Gessy S. Lilaovis	
STREET ADDRESS	9310 E HEATHER LN		STREET ADDRESS	9351 E. ELM LANE	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	Miramar, FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, RONALD		NAME		
STREET ADDRESS	2331 FAIRMONT AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			_____ Date: 2-19-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		